

P.O. Box 1614, 21 Reeve Street, Woodstock, Ontario N4S 7Y3 Phone: 519-539-9800 Fax:519-421-4710

Website: www.oxfordcounty.ca

Social Housing Application for Rent-Geared-to-Income Housing OR Affordable Supportive Housing

Please complete the information below and submit it to the Department of Human Services.

You will be added to the Oxford County Centralized Waitlist for Rent-Geared-to-Income (RGI) Housing and/or the Affordable Supportive Housing Waitlist, based on your selections. Additional information and verification of your income and assets will be requested before you are offered a RGI Housing unit.

| Name:(Full Legal Name) | | | Date of Birth:(day month year) | | | | |
|------------------------|--------------------------------------|-----|--------------------------------|--------------|--|--|--|
| | | | (day month year) | | | | |
| Address: | | | | | | | |
| | (Full Address including Postal Code) | | | | | | |
| Phone #: | | | Email: | | | | |
| Other Occupants | | | | | | | |
| Last Name | First Name | Age | Birth date (M-D-YYYY) | Sex (M/F) | Relationship (Son, Daughter, Niece, etc.) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note: If you are a victim of family violence and are requesting Special Priority Status, please submit the "Verification Declaration" to the Department of Human Services.

If there are any changes in your circumstances (example: you move), please contact Human Services at 519-539-9800 X 3390.

All members over the age of 16 years must sign the application form and the Consent form.



Signature of dependent adult

Human Services

P.O. Box 1614, 21 Reeve Street, Woodstock, Ontario N4S 7Y3 Phone: 519-539-9800 Fax: 519-421-4710

Website: www.oxfordcounty.ca

Date

Human Services Consent to Disclosure & Verify Information I/We. Full name of applicant Name of □spouse/ □ same-sex partner/ □ Co-Applicant #1 ☐ Dependent adult/☐ Co-Applicant #2 Name of consent to the sharing of my/our personal information by Human Services, to an authorized representative of: ☑ Ontario Works ☑ Rent Geared to Income Housing Child Care Subsidy ☑ Housing with Related Supports ☑ Consolidated Homelessness Prevention Initiative ✓ Ontario Disability Support Program 2. Without restricting the generality of the consent in section 1, I specifically consent to the release of information relating to any bank account, safety deposit, assets of any nature or kind whatsoever held by me/us or on my/our behalf or by or on behalf of any of my/our dependent children or children temporarily in my/our care, alone or jointly with any other person, in any financial institution. 3. I/We further consent to an authorized representative of Human Services to disclose personal information/documentation about me/us, any of my/our dependent children or children temporarily in my/our care, for the purpose of determining or verifying my/our initial and ongoing eligibility for Ontario Works, Rent Geared to Income Housing, Subsidized Child Care, Consolidated Homelessness Prevention Initiative and/or Housing with Related Supports. 4. I/We further consent that Human Services may exchange information with the following third party as it relates to the eligibility of the programs agency specified above. 5. Information received by Ontario Works directly from a third party agency is excluded from this consent. Specific exclusions include Equifax, MTO Online, NCBS on the Net, CRA-FTP, El Online, OSAP and MECA. I/We further consent to the use of my/our electronic signatures as binding when used on any of the programs listed above and/or required by Human Services for verification purposes. I/We have read or had read to me and understand the consent set out above. Signature/mark of applicant/recipient or person Witness Date applying on behalf of applicant/recipient Signature /mark of spouse or same-sex partner of Witness Date applicant/recipient

Notice with Respect to the Collection of Personal Information (Freedom of Information and Protection of Privacy Act)

Witness

(Municipal Freedom of Information and Protection of Privacy Act)



Human Services P.O. Box 1614, 21 Reeve Street, Woodstock, Ontario N4S 7Y3 Phone: 519-539-9800 Fax:519-421-4710

Website: www.oxfordcounty.ca

Consent to Communicate via Email and Text

Human Services is committed to offering various communication options. Communication options include: telephone, in-person conversations/meetings, mailing, faxing, e-mailing, text messaging and/or Internet Communications. However, electronic forms of communication (i.e. fax, e-mail, text messaging and Internet Communications) are not guaranteed to be secure, which means communicating this way can pose privacy risks. These risks include but are not limited to:

- Messages being read by others that have access to your digital devices
- Messages being intercepted by others while in transit
- Messages being accidentally sent to the wrong fax number, e-mail address or cellphone number
- Messages being accessible after you have deleted the message, etc.

As such, Human Services staff will avoid communicating your personal information (or personal health information) electronically to you and/or to external parties unless you consent to electronic communications and accept the risks by completing this consent form. Staff will endeavor to respond to various client inquiries by the end of the next business day.

Please note you are not required to sign this consent form in order to receive services and if you do complete and sign this form, you have the right to withdraw your consent at a later date.

| • | ent to Human Services staff communicating personal information |
|---|---|
| with me through the following methods: | |
| □ E-mail: | |
| (e-mail address) | |
| • | ronic communication of my personal information with external vices for the purpose of enabling more timely services: |
| ☐ Other: i.e. referrals for service, submitting for | rms, etc. |
| By completing and signing this consent, I accept the | risks related to electronic communication. |
| wishes respecting electronic communications to exte | of a change to my e-mail address and/or cell phone number or mornal service providers. I also understand Human Services staff will mmunicated electronically in order to reduce the impact of |
| I agree that this consent remains valid for as long as I consent, whichever occurs first. | am a client of Human Services or until I choose to revoke my |
| A signed fax or photocopy of this authorization is to b | e considered as valid as the original document. |
| ☐Signature of individual named above; OR | Date |
| ☐ Signature of individual's legal representative | |

Personal information referred to on this form is collected and will only be used for the purpose of obtaining and documenting your consent for the collection and/or disclosure of your personal information and/or records for the purposes listed on this form. Questions about the form can be directed to: **Manager** of **Human Services** at **Oxford County** (519) 539-9800.

Housing Location and Provider Selection

Please select all the locations or providers that you would like to live in.

| Rent Geared to Income Location & Housing Provider | | Types of Units Available – For Office Use Only | | | | | |
|--|--|--|-----------------|--------|----------------------------------|----------------------|--|
| | | Adults | Seniors Only | Family | Integrated Family & Adults | Ł. | |
| DRU | MBO | | | | | | |
| Mapl | e Grove | □ 1 BR | | | | One Medified | |
| Drun | nbo & District Housing Corporation | □ 2 BR | | | | One Modified 1 BR | |
| 43 O | xford Street East, Maple Grove Apartments | | | | | I DK | |
| EMB | RO | | | | | | |
| Caml | brocourt Manor | □ 1 BR | | | | 0 M I'C I | |
| Emb | ro & Area Seniors Housing Corporation | □ 2 BR | | | | One Modified | |
| 3756 | 29 R.R. #4, Cambrocourt Manor | | | | | 2BR | |
| INGE | RSOLL | | | | | | |
| | | | | □ 2 BR | | | |
| | n Oliver Housing Co-operative 📆 | | | □ 3 BR | | Three Accessible | |
| 220 I | ngersoll Street North | | | □ 4 BR | | 3 BR | |
| | Oxford County Housing | | | | | | |
| | Oxiora county riousing | | | □ 2 BR | | | |
| | 235 Thames Street North | | | □ 3 BR | | | |
| | 233 Maines Stieet North | | | □ 4 BR | | | |
| | | | | | | | |
| | 000 T : 1070 H : 01 1 | | | □ 2 BR | | | |
| | 329 Tunis/272 Harris Street | | | □ 3 BR | | | |
| | | | | ☐ 4 BR | | | |
| | 221 Thames Street North | □ 1 BR | | | | | |
| | 407.0 11.01 | | | | | One Modified | |
| | 135 Carroll Street | ☐ 1 BR | | | | 1 BR | |
| | 178 Earl Street | | | | | Three Modified | |
| | 176 Ean Street | □ 1 BR | | | | 1 BR | |
| NOR | WICH | | | | | | |
| Oxfo | rd County Housing | ☐ Bach | | | | One Modified | |
| | eorge Street | □ 1 BR | | | | 1 BR | |
| | • | | | | | | |
| | CETON | | | | | | |
| | ntryside Manor eeton and District Housing Association | □ 1 BR | | | | One Modified | |
| | owan Street W | □ 2 BR | | | | 1BR | |
| TAVISTOCK | | | | | | | |
| | | | | | | | |
| Oxford County Housing 70 Maria Street | | □ 1 BR | | | | | |
| THAMESFORD | | | | | | | |
| Oxford County Housing | | | | | | Two Modified | |
| 111 Brock Street | | □ 1 BR | | | | 1 BR | |
| TILLSONBURG | | | | | | . 510 | |
| | | | | □ 2 BR | | | |
| Tillsonburg Family Units, Dereham Forge Housing Co-operative | | | | | | Two Accessible | |
| 390 Quarter Town Line | | | | □ 3 BR | | 3 BR | |
| | | | | □ 4 BR | | | |
| | Oxford County Housing | | | | | | |
| | | | | □ 2 BR | | | |
| | 47 – 61 Earle Street | | | □ 3 BR | | | |
| | | | | ☐ 4 BR | | | |

| | 1A – 16A, 1B – 16B Verna Drive | | | ☐ 2 BR ☐ 3 BR ☐ 4 BR | | |
|-----|---|--|--------|--------------------------------------|----------------------|---|
| | 174 Lisgar Avenue | □ 1 BR | | + BIX | | |
| | 215 Lisgar Avenue | □ 1 BR | | | | One Accessible 1 BR |
| | 57 Rolph Street | □ Bach □ 1 BR | | | | |
| | Tillsonburg Non Profit Housing Corporation Maple Lane Seniors Residence 31 Maple Lane Townsview Terrace Seniors Residence 53 Queen Street | | □ 1 BR | | | Three Modified 1 BR Three Modified 1 BR |
| WOO | DSTOCK | | | | | |
| | Anchorage Homes Services & Initiatives Inc. 744/746 Rathbourne Avenue | | | | □ 1 BR | |
| | 40 Stafford Street | | | | ☐ Bach ☐ 1 BR ☐ 2 BR | |
| | 36/38 Stafford Street | | | □ 2 BR □ 3 BR | | |
| | 1132 Cree Avenue | | | □ 3 BR | | |
| | 8-1060 Canfield Crescent | | | □ 3 BR | | |
| | 140 Winniett Street | ☐ Bach ☐ 1 BR | | | | |
| | Daystar Community Homes | | | | | |
| | 414 Ontario Street | | | ☐ 2 BR ☐ 3 BR ☐ 4 BR | | Three Accessible 2 BR |
| | Oxford County Housing | | | | | |
| | 901 – 951 James Street | | | ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR | | |
| | Karn Avenue/Cross Place/Alice Street/Pavey Street | | | ☐ 3 BR ☐ 4 BR | | |
| | 816 Alice Street | □ 1 BR | | | | |
| | 82 Finkle Street | □ Bach □ 1 BR | | | | |
| | 161 Fyfe Avenue | □ 1 BR | | | | 3 Modified two-1 BR & one-2 BR |
| | 738 Parkinson Road | □ 1 BR | | | | 2 Modified 1 BR |
| | 742 Pavey Street | □ 1 BR | | | | 2 Modified 1 BR |
| | Percy Heights Housing Co-operative 📆 | | | | | |
| | 360 Springbank Avenue North | | | ☐ 2 BR ☐ 3 BR ☐ 4 BR | | 1-3 BR |

| Woodstock Non-Profit Housing Corporation | | | | | | | |
|---|--|------------------|---------------|----------------------------------|--|--|--|
| 83 Kent Street | | □ 1 BR □ 2 BR | | | One Accessible 1 BR | | |
| 675 Canterbury Street | | ☐ 1 BR ☐ 2 BR | | | One Accessible 1 BR | | |
| | | | | | | | |
| Afficial late Commenting House to be action to | | Types of U | Inits Availab | le – For Office | Use Only | | |
| Affordable Supportive Housing Location & Housing Provider | Adults | Seniors Only | Family | Integrated Family & Adults | Ġ. | | |
| Woodstock | | | | | | | |
| Indwell | Permanent Supportive Housing (PSH) combines affordable rental housing with on-site, wellness-based supports for tenants experiencing complex challenges due to physical health, mental health or substance use. PSH offers a community-based housing alternative for individuals who have experienced past barriers to independent living. | | | | | | |
| Blossom Park <u>Apartments</u> 373 Blossom Park Road - Enhanced Supports | □ Bach □ 1 BR | | | | 36 Accessible 2, Bach 32, 1 BR | | |
| Blossom Park <u>Townhomes</u> 373 Blossom Park Road - Blended Supports | □ 1 BR | | □ 1 BR | | | | |
| Harvey Woods Lofts 18 Vansittart Ave - Standard Supports | □ Bach □ 1 BR □ 2 BR | | □ 2 BR | | 80 Accessible 1 Bach 75, 1 BR 4, 2 BR | | |
| I/We the Applicant(s) do hereby request that above checked (✓) Housing Providers (pages 3 & 4) are where we wish our application to be forwarded to, if eligible. I/We understand that the Housing Providers indicated with a (♠) are Co-operative Housing projects and that their by-laws require household members to participate in the management and operation of that development. As of January 1 st , 2021 you will only have ONE right of refusal for an RGI unit. This means if you are offered a RGI unit and do not accept it, you will be removed from Oxford County's Centralized Waitlist for RGI Housing. | | | | | | | |
| (Anyone named on application 16 years of age or older) Signature | Print | | | Date | | | |
| (Anyone named on application 16 years of age or older) Signature (Anyone named on application 16 years of age or older) Signature | Print | | | Date Date | | | |